

**Temple Beth El of Northern Westchester
Religious School Registration ☆ 5768-69 ☆ 2008/2009**

Student Information

Student's Name _____ Hebrew Name: _____ Grade **Fall '08**

Address _____ Male Female
Street City State Zip

Home Phone _____

Secular School Name **Fall '08** _____ Date of Birth _____

Parent 1's Name _____ P1 Email _____ Work Phone _____

Parent 1's Address (if different) _____ Cell Phone _____

Parent 2's Name _____ P2 Email _____ Work Phone _____

Parent 2's Address (if different) _____ Cell Phone _____

Indicate Contact Person (please check): Parent 1 Parent 2

Student Information – Medical & Field Trip Waiver

Emergency Contact Information

Should my child become ill and a parent cannot be reached, please notify either of these people:

1) Emergency Contact _____ Phone _____ Relationship _____

2) Emergency Contact _____ Phone _____ Relationship _____

Drug Allergies: _____

Does your child have a history of: (check all those that apply)

- Severe bee sting reaction Asthma Seizure disorder
 Diabetes Sight problems Hearing difficulties Heart condition
 Allergies _____ Other (please explain) _____

Specific food allergies (please be specific) _____

Is your child presently taking medication(s) on a continual basis? Y N

If yes, name of medication: _____ Current dosage and schedule: _____

Prescribed for what condition: _____

Name of medication: _____ Current dosage and schedule: _____

Prescribed for what condition: _____

What else should we know about your child to be able to help him/her effectively in the unlikely event of an injury or accident? _____

(Please continue to fill out the information requested on the reverse side)

Medical Information - continued

Name of Child's Physician _____

Phone _____

Health Insurer Co _____

Plan/Group # _____

Policy Number: _____

All information will be held in the strictest confidence.

Please read the following carefully and sign.

We cannot accept your registration without your signature below.

Annual Signature MUST BE ON FILE

Medical Release: I hereby give my permission to the physician selected by the staff of Temple Beth El to hospitalize, give necessary treatment, or give anesthesia to my child, in the event that I cannot be reached by phone in an emergency. I understand that staff will try to reach me at any time of emergency and that a treatment plan will be acted upon only if I am unreachable.

Parent Signature _____

Date _____

Class Schedule Information

Please indicate the Grade for which you are registering your child.

Registration fees will be listed in the Temple Beth El 2008-09 Pledge Package. They will be added to your Pledge Form in July 2008.

Kindergarten & 1st

Sunday 11:00 am - 12:30 pm

Grade 2

Sunday 11:00 am - 12:45 pm

Grade 3

Sunday 9:00 am - 10:45 am

Grade 4

Sunday 9:00 am - 10:45 am & Tuesday 4:00 pm - 6:00 pm

Grade 5 & 6

Monday & Thursday 3:45 pm - 5:45 pm

Grade 7

Monday evening 6:00 pm - 8:00 pm & Wednesday 3:45 pm - 5:45 pm

Grade 8 - 12

Monday evening 6:00 pm - 8:00 pm

Classroom Safety and Efficiency

In general, placement of students is done at the discretion of the Director of Education to enable classes to function at their best. In order to create the safest school environment possible, please indicate here if you request that your child NOT be placed with someone—this information will be kept in strict confidence.

DO NOT use this space to write the names of students with whom your child WANTS to be placed.

Parents and Students: We expect you to read the policies of our educational programs, as explained in the *Kavod: Respect and Honor, A Code of Behavior at TBE* form (enclosed). **After you read and understand the outlined policies, parent and students please sign, date and return them along with this registration form.**